

ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS
P.O. BOX 3750
LITTLE ROCK, AR 72203-3750
Phone-501-682-2824

Option: request a certified (official) copy of your transcript as long as it shows the degree and date of conferral.

Office of the Registrar (College Name): _____

City, State: _____, _____

S.S. #: _____

Dear Sir or Madam:

Birth Date: _____

(Name in full) _____ Phone: _____

has filed, with this Board, an application for registration as a professional surveyor under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Types of Degrees and Date Received:

ONLY a registrar may complete this side.
Registrar Completes. **place college seal:**

Correct: _____

Registrar's name: _____

Phone number: _____

Date: _____

Incorrect: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

A self-addressed, stamped envelope is enclosed for your convenience in replying.

Yours very truly,

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

Secretary-Treasurer

NOTE: Applicant should complete top portion and forward to college with a stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.